

## INDIVIDUAL FACSIMILE DEVICE/DIGITAL COPIER SECURITY PLAN

*Please Note: All sections must be completed. Use bond paper for continuation, as required.*

SYSTEM ID: HQ-\_\_\_\_\_(ISSM will Assign)

Date of Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

INITIAL ACCREDITATION					
REACCREDITATION					
DECOMMISSION		ISSO SIGNATURE		EFFECTIVE DATE	

**SECTION I. PERSONNEL INFORMATION**

	NAME	ORGANIZATION	MAIL STOP	TELEPHONE NUMBER
I-1 HSO				
I-2 ISSO				
I-3 PRIMARY OPERATOR				
I-4 ALTERNATE OPERATOR				
I-5 LOCATION: BUILDING		ROOM NUMBER		

**SECTION II. SYSTEM IDENTIFICATION**

II-1 EQUIPMENT IDENTIFICATION (Select one): FACSIMILE DEVICE or DIGITAL COPIER: \_\_\_\_\_

DOE PROPERTY TAG #		MANUFACTURER		MODEL NUMBER	
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II-2 EQUIPMENT CONFIGURATION AND FEATURES: (YES, IF PRESENT, NO, IF NOT)

FIXED HARD DISK		REMOVABLE HARD DISK		FACSIMILE		SCANNER		PRINTER	
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\* II-3 IS TO BE COMPLETED BY THE U/SO FEDERAL MANAGER, REFER TO PAGE 1-2 OF THE MASTER IS SECURITY PLAN FOR EXPLANATION OF SENSITIVITY LEVELS OF CONCERN.

II-3 SENSITIVITY LEVEL OF CONCERN: (SELECT ONE) HIGH, MEDIUM OR LOW \_\_\_\_\_

CLASSIFICATION LEVEL: \_\_\_\_\_ CATEGORY: \_\_\_\_\_

II-4 SPECIAL HANDLING REQUIREMENTS: NODIST (DEPT OF STATE NO DISTRIBUTION):\_\_ LIMDIST (LIMITED DISTRIBUTION)\_\_\_\_\_

EXDIST (EXCLUSIVE DISTRIBUTION):\_\_\_\_\_ ORCON (ORIGINATOR CONTROLLED):\_\_\_\_\_

**SECTION III. STU (SV/DS) CONNECTION (Not applicable to digital copiers)**

III-1. STU-III MANUFACTURER IS:		STU-III TELEPHONE NUMBER:	
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**SECTION IV. ADDITIONS TO THE DOE HQ MASTER IS SECURITY PLAN FOR FAX DEVICES & DIGITAL COPIERS**

IV-1. Statement of Threat:	
IV-2. Risk Assessment:	
IV-3. Contingency Plan:	
IV-4. Comments:	

**SECTION V. DEVIATIONS FROM DOE HQ MASTER IS SECURITY PLAN FOR FAX DEVICES & DIGITAL COPIERS**

V-1. Master Plan Reference(s):	
V-2. Alternate Procedure(s):	

DOE HQ Master IS Security Plan  
for Facsimile Devices/Digital Copiers

INDIVIDUAL FACSIMILE DEVICE/DIGITAL COPIER  
SECURITY PLAN

**SECTION VI. FEATURES/FUNCTIONS (Not applicable to digital copiers)****VI-1 ALLOWED (ENABLED) FEATURES/FUNCTIONS:**

(1) Clock Adjustment (2) Communicated Page Counter (3) Department Code On/Off (4) Digital Interface Parameter List (5) Edit or Create Digital Interface Mode (6) Load or Delete Digital Interface Mode (7) Page Count On/Off (9) Printing a Transaction Confirmation Rpt (10) Printing Number List (11) Scanned & Printed Page Counter	(12) Programming End Messages (13) Programming the ID Code (14) Programming Remote Terminal ID (15) Programming Transmit Terminal ID (16) Select Date & Time on Reports Control (17) Switching Super Smoothing On/Off (18) Switching Transmit Terminal ID On/Off (19) Transmission Report On/Off (20) Programming DI Mode Password
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**VI-2 PROHIBITED (DISABLED) FEATURES/FUNCTIONS:**

(1) Authorized Reception On/Off (2) Clearing Memory Files (3) Clearing Polling Files (4) Forwarding On/Off (5) Printing a Confidential Message (6) Printing the Authorized Reception List (7) Printing the Contents of a Memory File (8) Printing the Store and Forward FileList (9) Programming Authorized Reception (10) Programming the Confidential Password (11) Programming Called Subscriber ID (12) Programming Groups (13) Programming a Forwarding Telephone # (14) Program Fax Terminal's Telephone #	(15) Reception Mode Switching Timer (16) Send Later (17) Switching Error Correction Mode On/Off (18) Telephone Line Type Selection (19) Volume Adjustment (20) Multi-copy (21) Polling Transmission/Reception (22) Printing the Polling File List (23) Programming the Quick Dial Characters (24) Programming Quick Dial and Speed Dial (25) Switching PSTN Busy On/Off (26) Printing Quick Dial Character List (27) PSTN Mode Enable/Disable (28) Printing the Program List
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**SECTION VII. TO BE COMPLETED BY THE RESPONSIBLE FEDERAL MANAGER.**

I HAVE DETERMINED THAT THE U/SO, IDENTIFIED ABOVE, HAS A VALID NEED-TO-KNOW TO PROCESS CLASSIFIED INFORMATION WHICH IS OUTLINED ABOVE (SECTION ii-3). WE ARE AWARE OF OUR SECURITY RESPONSIBILITIES TO SECURELY USE, PROCESS AND PROTECT CLASSIFIED INFORMATION.		
RESPONSIBLE MANAGERS NAME	SIGNATURE	DATE

**SECTION VIII. CERTIFICATION/ACCREDITATION SIGNATURES**

By signing below, the following officials assure a full understanding of their responsibilities as prescribed in the Master IS Security Plan and this supplement, and that the above information is correct.

	PRINTED NAME	SIGNATURE	DATE
VIII-1 U/SO ASSURANCE			
VIII-2 ISSO CERTIFICATION			
VIII-3 HSO CONCURRENCE			
VIII-4 ISSM ACCREDITATION	Bonita S. Agee		
VIII-5 THE SYSTEM REPRESENTED BY THIS PLAN IS ACCREDITED TO PROCESS CLASSIFIED INFORMATION UP TO AND INCLUDING THE LEVEL OF		ACCREDITATION DURATION NUMBER OF MONTHS	

## INDIVIDUAL FACSIMILE DEVICE/DIGITAL COPIER SECURITY PLAN INSTRUCTIONS

The Individual Facsimile Device/Digital Copier Security Plan details specific equipment characteristics, which includes the unique system ID that is assigned by the ISSM. This form assures that the assigned facsimile device or Digital Copier complies with the standard classified guidelines and records personnel, equipment, and interconnection information. Provisions have been included on this plan to document classification levels and percentages of the information sent, received, or copied. Special categories and caveats are also provided, check all that apply. A features/functions section for fax devices provides a place to document which features have been enabled and which have been disabled. Finally, this form records the additions to, and deviations from, the DOE HQ Master IS Security Plan for Facsimile Devices and Digital Copiers, along with signatures of certification and accreditation. It should be noted that the Individual Facsimile Device/Digital Copier Security Plan is used with the Master IS Security Plan and it is not used to gain accreditation to process classified information in and of itself.

This form is divided into seven sections.

**Section I--Personnel Information:** This first section, Personnel Information, is self-explanatory and includes the name, organization, mail stop, and telephone number of the ISSO, HSO, the Primary Operator, or Key Operator and the Alternate Operator.

**I-5--Location:** Enter the building and room where the Facsimile Device or Digital Copier is installed.

**Section II--System Identification:** The second section, System Identification, includes the classification levels and amounts, a description of the Facsimile Device or Digital Copier, and Special handling categories.

**Section III--STU-III Connection:** This brief section requests information on the STU-III used with the facsimile Device.

**Section IV--Additions to the Master Plan:** This section is devoted to the compliance of the system to the DOE HQ Master IS Security Plan for Fax Devices and Digital Copiers. This section should describe any additional safeguards implemented in the Facsimile Device or Digital Copier that do not appear in the Master Plan.

**Section V--Deviations from the Master Plan:** This section is devoted to any ways in which the safeguards implemented in the individual Facsimile Device or Digital Copier deviate from those described in the Master IS Security Plan for Fax Devices and Digital Copiers. Any deviations must be listed and alternative methods of protection described.

**Section VI--Operating Modes/Features/Functions:** This section applies to Fax Devices only and documents how the device is used, which features are enabled and which features are disabled.

**SECTION VII--Managers Acceptance of Risk Statement and Signature:** This section provides the managers approval for the user to process classified.

**Section VIII--Certification/Accreditation Signatures:** This section provides a place for each security official to certify compliance with the DOE Classified Computer Security Program and that safeguards are implemented to protect classified document transmissions on the Facsimile Device or reproduced on the Digital Copier.

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